

Work Order ID 112233

January-30-14 11:19:51 AM

\*112233\*

Page 1

Item ID: 646.3714

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Gusset

Start Date: 1/31/14

Start Qty: 6.00

\*6\* 46.3714  
\*6\* 112233

Cust Item ID:

Required Date: 1/31/14

Req'd Qty: 6.00

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 1-01-31

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								

110

0.00

\*110\*

Waterjet

FLOW CNC Waterjet

6061.063"

Memo

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

0.00

(14) mm 14/04/20

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Quality Control

Memo

0.00

(14) mm 14/04/20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Work Order ID 112233

January-30-14 11:19:51 AM

**\*112233\***

Page 2

Item ID: 646.3714 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Gusset  
 Start Date: 1/31/14 Start Qty: 6.00 **\*6\*** Cust Item ID:  
 Required Date: 1/31/14 Req'd Qty: 6.00 **\*6\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC Quality Control	QC8- Inspect parts - second check  Memo	0.00 DAS 27 9-89 14/4/21				14			
140 <b>*140*</b> Brake NC Brake NC	Bend as per dwg  Memo	0.00 0.00		DAS 30 9-89		14			14/6/22
150 <b>*150*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 DAS 27 9-89 14/6/22				14			

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Work Order ID 112233

January-30-14 11:19:51 AM

**\*112233\***

Page 3

Item ID: 646.3714 Accept **\*N1900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Gusset  
Start Date: 1/31/14 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 1/31/14 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
<b>*160*</b>									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O to ATG : <u>23903</u>								
	1- Black Anodize as per Dwg 646.3700								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Comformity is required								
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*170*</b>									
Packaging	Memo	0.00							
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

CL 14/04/23 14

14/8/13 (14)

14

DAS  
27  
9-89

14/5/13

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 112233

January-30-14 11:19:51 AM

**\*112233\***

Page 4

Item ID: 646.3714

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Gusset

Start Date: 1/31/14

Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 1/31/14

Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

**\*NR1\***

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

210

Identify as per dwg & Stock Location: 8T 523A 0.00

**\*210\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*

14X 14-5-13 DAS  
26  
9-89

220

QC21- Final Inspection - Work Order Release

0.00

**\*220\***

QC

Memo

0.00

Quality Control

MLJ 14-05-14

14-5-13

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Picklist Print

January-30-14 11:19:50 AM

Page 1

Work Order ID: 112233

Parent Item: 646.3714

Parent Item Name: Gusset

Start Date: 1/31/14

Required Date: 1/31/14

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No			110	sf	554.8700	0.265	1.6736844		mm 14/04/20	



Location

Loc Qty

Loc Code

MAT021 M124446

554.87

5.3

M124446

9

M126075

4.5

M127006

13

M127420

192.37

M128054

336

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
--	--	---	--



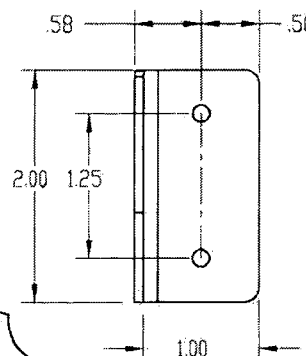
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
	APPROVED BY: ENGR. <i>[Signature]</i>	MFG. <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				EDR: D-12-010	

## SHEET 1, ZONE A2 IS:

IS

△ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11  
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

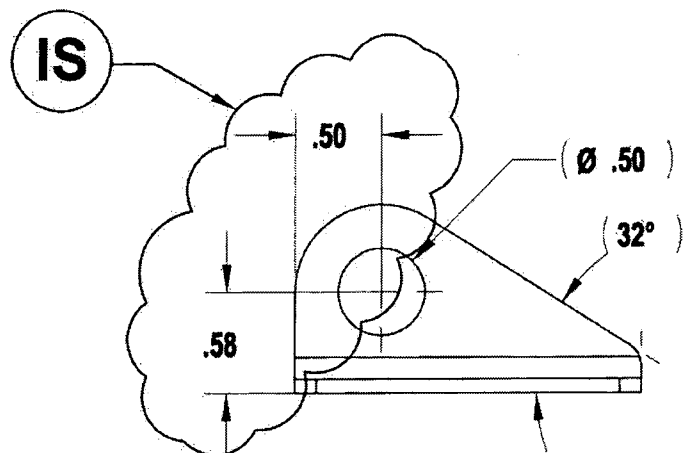
IS



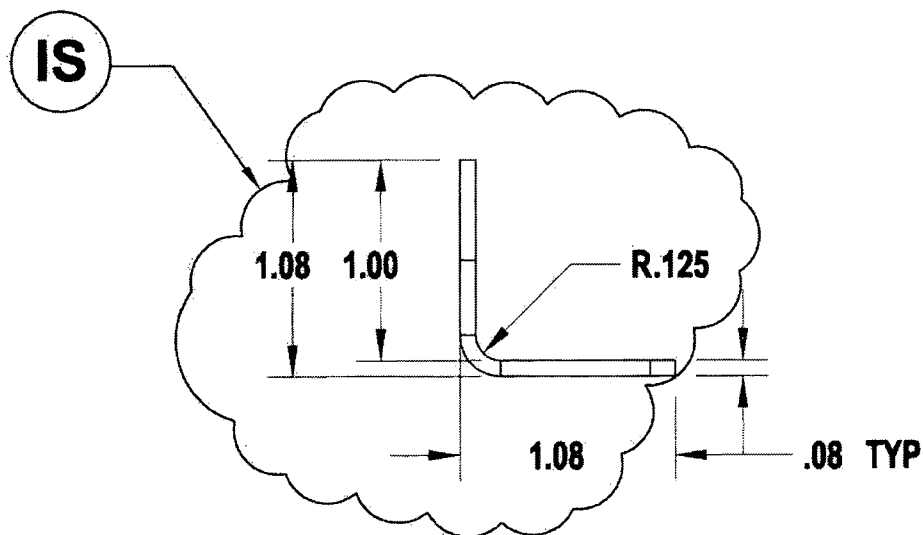
## SHEET 7, ZONE B1 IS:

112233 MLC  
1401-31

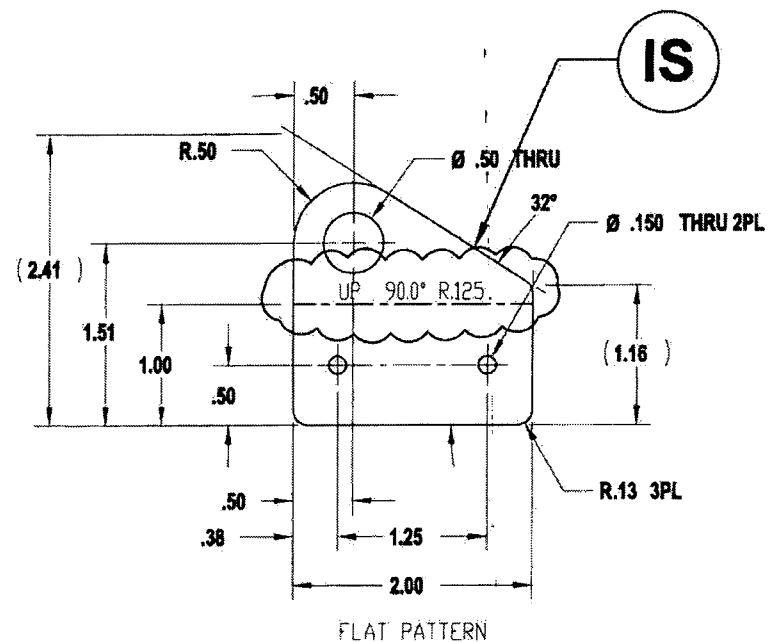
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**SHEET 7, ZONE C4 IS:**



**SHEET 7, ZONE D1 IS:**



**SHEET 7, ZONE B7 IS:**

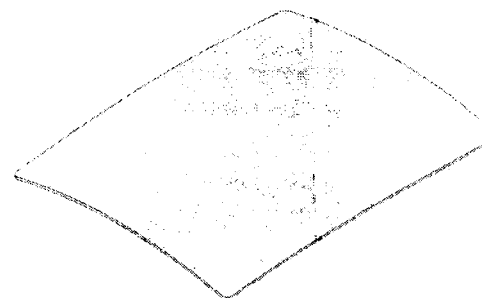
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

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APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REV	DESCRIPTION	DATE	APPROVED
1	INCORPORATED ECN 0199	6/10/00	TECH

# NOTES:

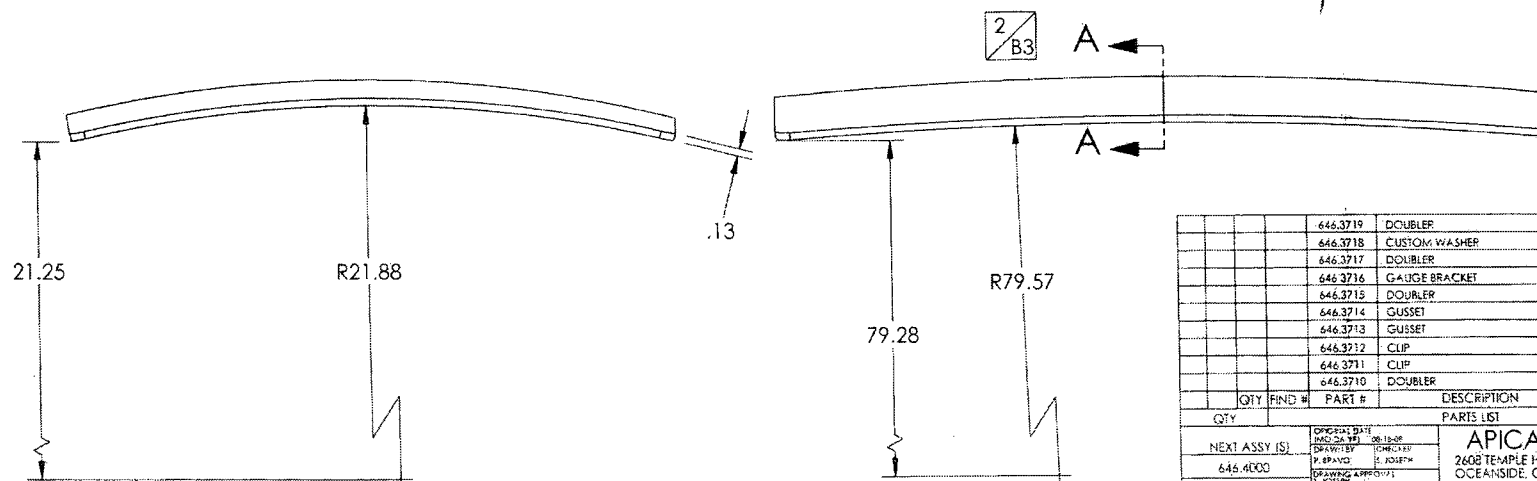
- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120



646.3710

UNINCORPORATED ECN(s)

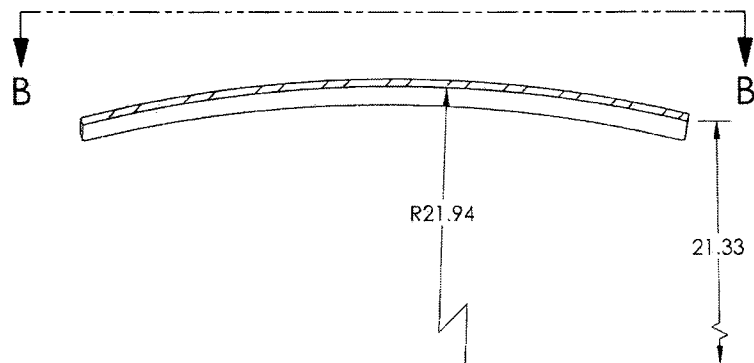
03702



QTY	REV	PART #	DESCRIPTION	MATL	SPEC.
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GALLOE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
PARTS LIST			APICAL INDUSTRIES		
NEXT ASSY (S)			2608 TEMPLE HEIGHTS DR.		
646.4000			OCEANSIDE, CA 92056-3512 (760)724-5300		
			SHEETMETAL		
			646.3700		
			SCALE NONE		
			SHEET 1 OF 9		



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SECTION A-A



21.33

R21.94

R395.138

R.13 4PL

13.51

10.49

10.54

SECTION B-B

ORIGINAL DATE  
UNCLASIFIED 06-18-08  
DRAWN BY: S. KOSKIP  
P. BRAVO  
APPROVAL  
S. KOSKIP  
DATE  
CONFERENCE

UNLESS OTHERWISE SPECIFIED  
DIMENSIONS ARE IN INCHES  
TOLERANCES ARE:  
1. DECIMALS .015  
2. FRACTIONS 1/32  
3. ANGLES .5°

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

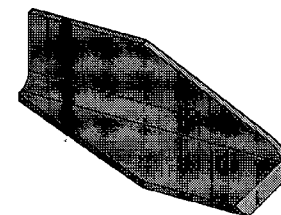
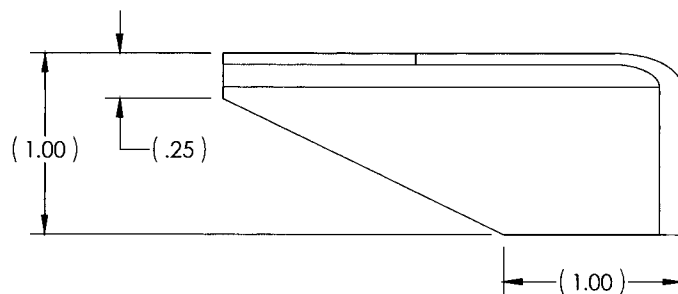
SHEETMETAL

SET	CHG CODE	CHG NO.	REV
B	07/M26	646.3700	A
SCALE: NONE			SHEET 2 OF 9

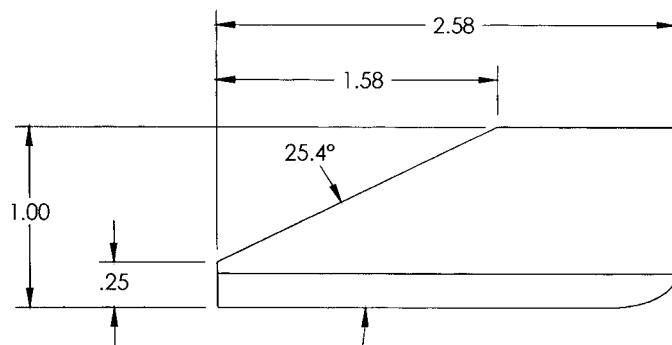
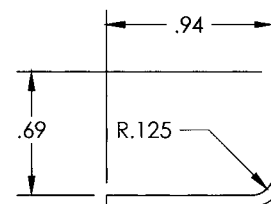
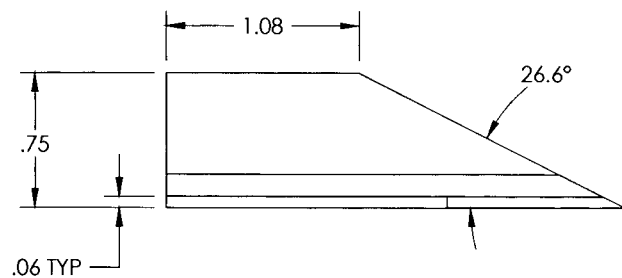


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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



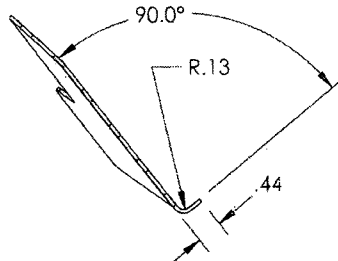
646.3711 SHOWN  
646.3712 OPPOSITE



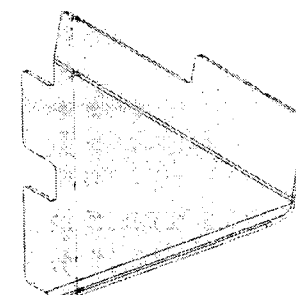
NEXT ASSY (S)	ORIGINAL DATE (DA-MO-YR)	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
	DRAWN BY	P. BRAVO			
	CHECKER	S. JOSEPH			
	DRAWING APPROVAL	S. JOSEPH	SHEETMETAL		
	DATE	08-18-08			
	CONTRACT NO.				
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 7 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ± 3°		SEE CAGE CODE	DWG. NO.	REV.
			B 077426	646.3700	A
			SCALE: NONE		SHEET 3 OF 9

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

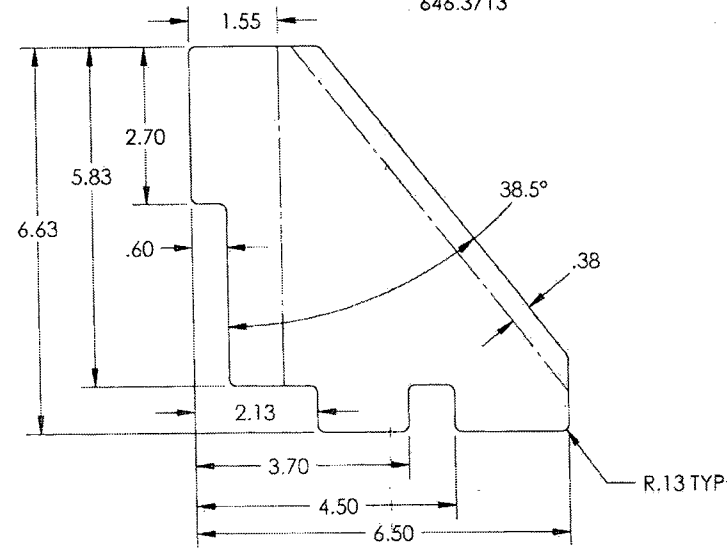
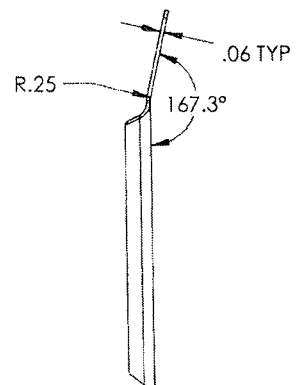
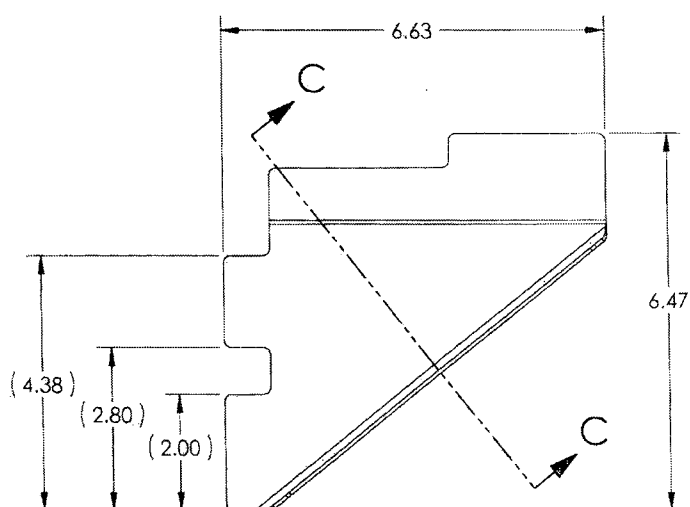
REV	DESCRIPTION	DATE	APPROVED



SECTION C-C



646.3713

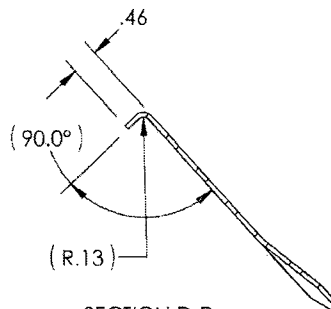


FLAT PATTERN

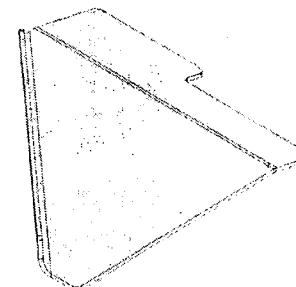
NEXT ASSY. (S)	SPECIAL DATE	08-15-08	<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 <b>SHEETMETAL</b>	
	DRAWN BY	CHECKED		
	DATE	DATE		
	DATE	DATE		
UNLESS OTHERWISE SPECIFIED			SHEET (CAGE CODE)	DWG NO.
TOLERANCES ARE:			B   07M26	646.3700
TRADE DIMENSIONS			SCALE: NONE	SHEET 4 OF 9

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

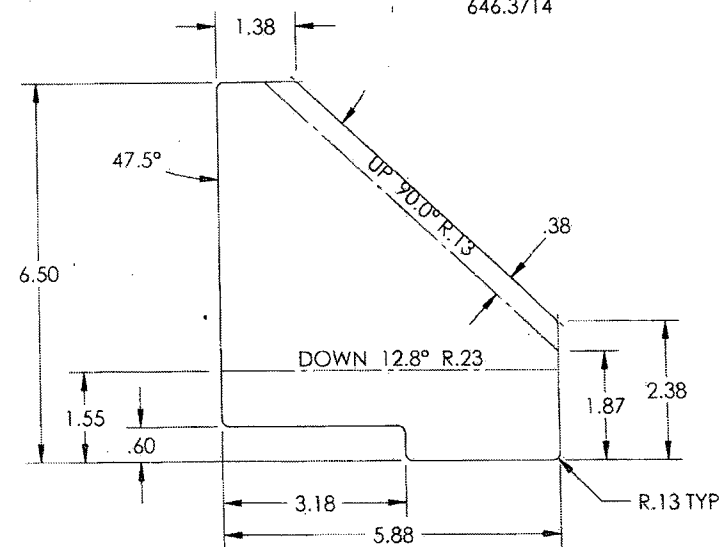
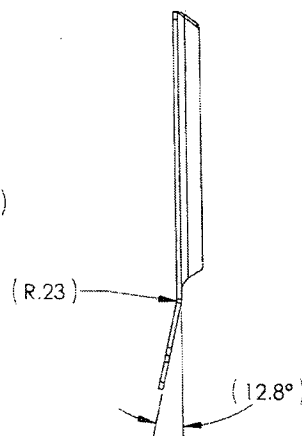
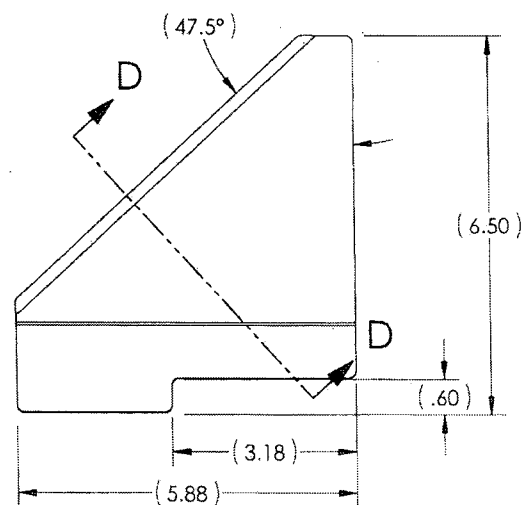
REVISED		DATE	APPROVED
REV.	DESCRIPTION		



SECTION D-D



646.3714



FLAT PATTERN

ORIGINAL DATE REVISIONS DESIGNED BY P. BRAND CHECKED BY P. J. COLEMAN APPROVED BY S. COLEMAN CONTRACT NO.		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS ±.01 ANGLES DECIMALS ±.005 FINISHES: F. 3		SHEETMETAL	
REV.	DATE	DWG. NO.	DC.
B	07/12/76	646.3700	A
SCALE: NONE		SHEET 5 OF 9	



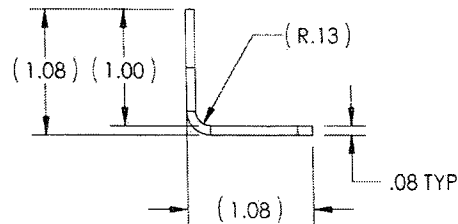
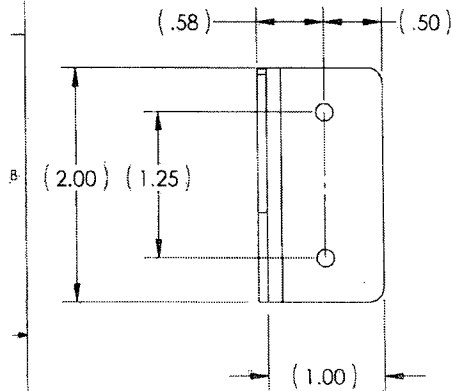
REVISIONS			
REV	DESCRIPTION	DATE	APPROVE



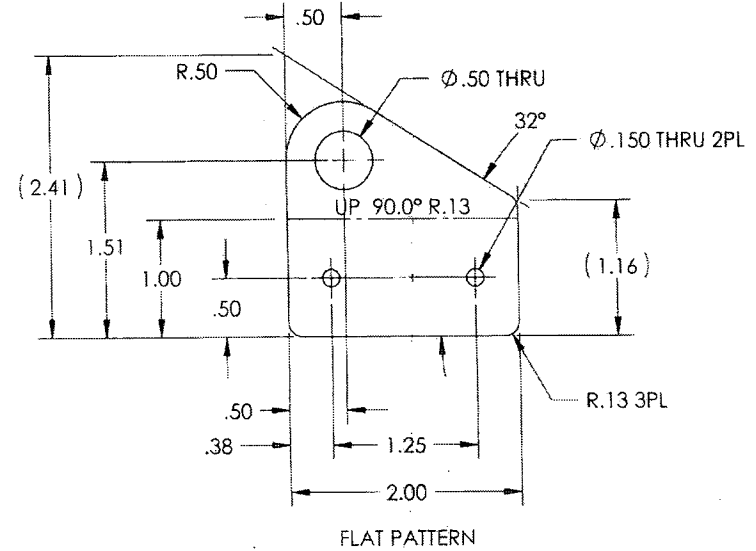
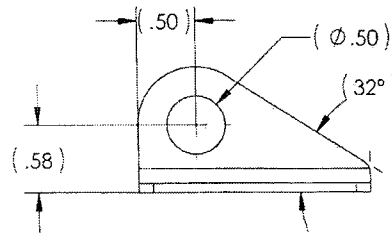
NEXT ASSY IS:	ORIGINAL DATE (DDMMYY)	09-10-85	APICAL INDUSTRIES	
	REVISION (P. REV.)	1 J. JOSEPH	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3312 (760)724-5300	
	QUANTITY REQUIRED	1	SHEETMETAL	
	CONTRACT NO.			
	UNLESS OTHERWISE SPECIFIED TOLERANCES ARE: 1. DIMENSIONS: ±.010 2. HOLE: ±.010 3. PLATE THICKNESS: ±.010			
	SCALE: 1"=8"	SHEET 6 OF 9		

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REVISIONS		
REV.	DESCRIPTION	DATE



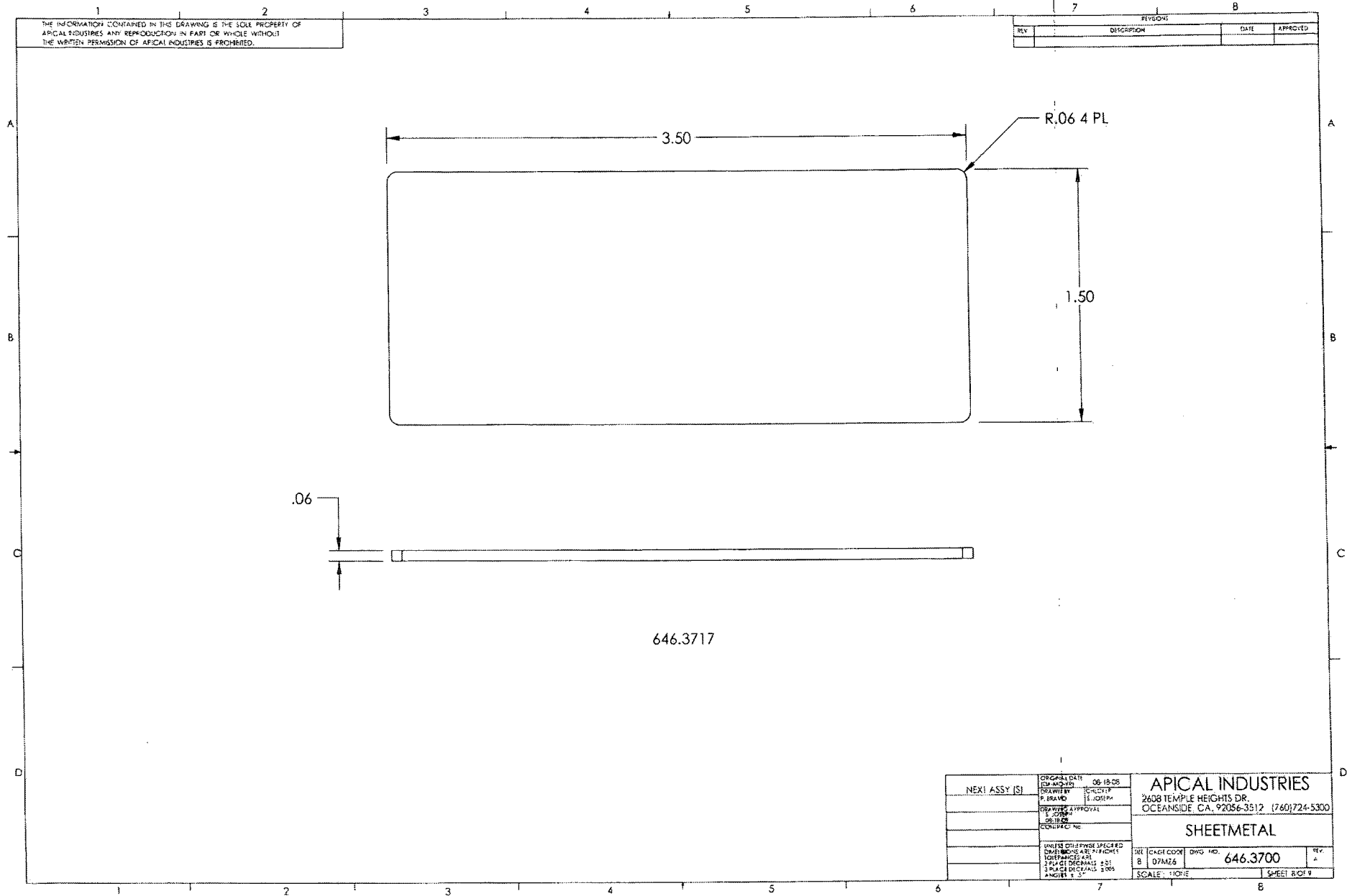
646.3716



NEXT ASSY (S)		ORIGINAL DATE 08-18-06		APICAL INDUSTRIES	
DRAWN BY: J. JOHNSON		CHECKED: J. JOHNSON		2608 TEMPLE HEIGHTS DR.	
DRAWING APPROVAL:		DATE:		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACT NO.		DATE OF ORDER:		SHEETMETAL	
MATERIAL SPECIFIED:		DWG NO. 646.3700		REV. A	
MATERIAL SPECIFIED:		SCALE: 1"=1"		SHEET 2 OF 2	

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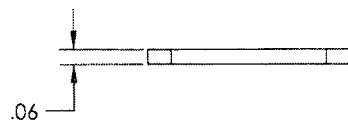
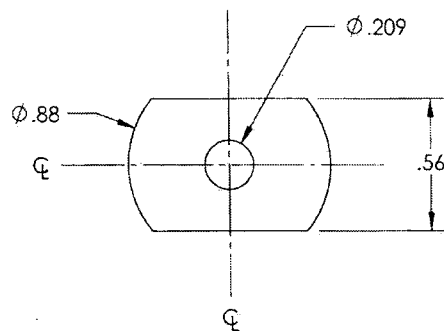
REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



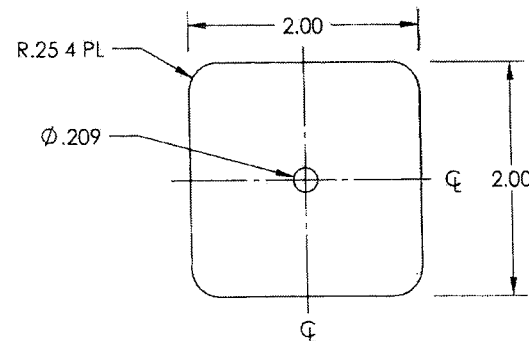
NEX! ASSY (S)		DFG DATE 06-18-08 DRAWN BY J. JOSEPH P. BRAVO DRAWN BY APPROVAL J. JOSEPH 06-18-08 CONTROL NO.		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3312 (760)724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACES DECIMALS ±.01 3 PLACES DECIMALS ±.005 ANGLES ±.5°		MFG CODE B D7M26	DWG NO. 646.3700	REV. A	SCALE: 1:100E SHEET 8 OF 9

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REV		DESCRIPTION	DATE	APPROVED



646.3718



646.3719

NEXT ASSY IS	ORIGINAL DESIGNED BY	06-18-08	APICAL INDUSTRIES	
	DRAWN BY			
	BY HAND		2608 TEMPLE HEIGHTS DR.	OCEANSIDE, CA. 92056-3512 1760/724-5300
	DATE			
	DESIGNED BY	J. JOSEPH	SHEETMETAL	
	DRAWN BY			
	BY HAND		SHEET 9 OF 5	
	DATE			
	UNLESS OTHERWISE SPECIFIED		SCALE: INCHES	
	ALL DIMENSIONS ARE IN INCHES			
	1/8" = 1" UNLESS OTHERWISE NOTED		SHEET 9 OF 5	
	2" SCALE (REMARK 1)			
	3" SCALE (REMARK 2)		SHEET 9 OF 5	
	4" SCALE (REMARK 3)			
	5" SCALE (REMARK 4)		SHEET 9 OF 5	
	6" SCALE (REMARK 5)			
	7" SCALE (REMARK 6)		SHEET 9 OF 5	
	8" SCALE (REMARK 7)			
	9" SCALE (REMARK 8)		SHEET 9 OF 5	
	10" SCALE (REMARK 9)			
	11" SCALE (REMARK 10)		SHEET 9 OF 5	
	12" SCALE (REMARK 11)			
	13" SCALE (REMARK 12)		SHEET 9 OF 5	
	14" SCALE (REMARK 13)			
	15" SCALE (REMARK 14)		SHEET 9 OF 5	
	16" SCALE (REMARK 15)			
	17" SCALE (REMARK 16)		SHEET 9 OF 5	
	18" SCALE (REMARK 17)			
	19" SCALE (REMARK 18)		SHEET 9 OF 5	
	20" SCALE (REMARK 19)			
	21" SCALE (REMARK 20)		SHEET 9 OF 5	
	22" SCALE (REMARK 21)			
	23" SCALE (REMARK 22)		SHEET 9 OF 5	
	24" SCALE (REMARK 23)			
	25" SCALE (REMARK 24)		SHEET 9 OF 5	
	26" SCALE (REMARK 25)			
	27" SCALE (REMARK 26)		SHEET 9 OF 5	
	28" SCALE (REMARK 27)			
	29" SCALE (REMARK 28)		SHEET 9 OF 5	
	30" SCALE (REMARK 29)			
	31" SCALE (REMARK 30)		SHEET 9 OF 5	
	32" SCALE (REMARK 31)			
	33" SCALE (REMARK 32)		SHEET 9 OF 5	
	34" SCALE (REMARK 33)			
	35" SCALE (REMARK 34)		SHEET 9 OF 5	
	36" SCALE (REMARK 35)			
	37" SCALE (REMARK 36)		SHEET 9 OF 5	
	38" SCALE (REMARK 37)			
	39" SCALE (REMARK 38)		SHEET 9 OF 5	
	40" SCALE (REMARK 39)			
	41" SCALE (REMARK 40)		SHEET 9 OF 5	
	42" SCALE (REMARK 41)			
	43" SCALE (REMARK 42)		SHEET 9 OF 5	
	44" SCALE (REMARK 43)			
	45" SCALE (REMARK 44)		SHEET 9 OF 5	
	46" SCALE (REMARK 45)			
	47" SCALE (REMARK 46)		SHEET 9 OF 5	
	48" SCALE (REMARK 47)			
	49" SCALE (REMARK 48)		SHEET 9 OF 5	
	50" SCALE (REMARK 49)			
	51" SCALE (REMARK 50)		SHEET 9 OF 5	
	52" SCALE (REMARK 51)			
	53" SCALE (REMARK 52)		SHEET 9 OF 5	
	54" SCALE (REMARK 53)			
	55" SCALE (REMARK 54)		SHEET 9 OF 5	
	56" SCALE (REMARK 55)			
	57" SCALE (REMARK 56)		SHEET 9 OF 5	
	58" SCALE (REMARK 57)			
	59" SCALE (REMARK 58)		SHEET 9 OF 5	
	60" SCALE (REMARK 59)			
	61" SCALE (REMARK 60)		SHEET 9 OF 5	
	62" SCALE (REMARK 61)			
	63" SCALE (REMARK 62)		SHEET 9 OF 5	
	64" SCALE (REMARK 63)			
	65" SCALE (REMARK 64)		SHEET 9 OF 5	
	66" SCALE (REMARK 65)			
	67" SCALE (REMARK 66)		SHEET 9 OF 5	
	68" SCALE (REMARK 67)			
	69" SCALE (REMARK 68)		SHEET 9 OF 5	
	70" SCALE (REMARK 69)			
	71" SCALE (REMARK 70)		SHEET 9 OF 5	
	72" SCALE (REMARK 71)			
	73" SCALE (REMARK 72)		SHEET 9 OF 5	
	74" SCALE (REMARK 73)			
	75" SCALE (REMARK 74)		SHEET 9 OF 5	
	76" SCALE (REMARK 75)			
	77" SCALE (REMARK 76)		SHEET 9 OF 5	
	78" SCALE (REMARK 77)			
	79" SCALE (REMARK 78)		SHEET 9 OF 5	
	80" SCALE (REMARK 79)			
	81" SCALE (REMARK 80)		SHEET 9 OF 5	
	82" SCALE (REMARK 81)			
	83" SCALE (REMARK 82)		SHEET 9 OF 5	
	84" SCALE (REMARK 83)			
	85" SCALE (REMARK 84)		SHEET 9 OF 5	
	86" SCALE (REMARK 85)			
	87" SCALE (REMARK 86)		SHEET 9 OF 5	
	88" SCALE (REMARK 87)			
	89" SCALE (REMARK 88)		SHEET 9 OF 5	
	90" SCALE (REMARK 89)			
	91" SCALE (REMARK 90)		SHEET 9 OF 5	
	92" SCALE (REMARK 91)			
	93" SCALE (REMARK 92)		SHEET 9 OF 5	
	94" SCALE (REMARK 93)			
	95" SCALE (REMARK 94)		SHEET 9 OF 5	
	96" SCALE (REMARK 95)			
	97" SCALE (REMARK 96)		SHEET 9 OF 5	
	98" SCALE (REMARK 97)			
	99" SCALE (REMARK 98)		SHEET 9 OF 5	
	100" SCALE (REMARK 99)			
	101" SCALE (REMARK 100)		SHEET 9 OF 5	
	102" SCALE (REMARK 101)			
	103" SCALE (REMARK 102)		SHEET 9 OF 5	
	104" SCALE (REMARK 103)			
	105" SCALE (REMARK 104)		SHEET 9 OF 5	
	106" SCALE (REMARK 105)			
	107" SCALE (REMARK 106)		SHEET 9 OF 5	
	108" SCALE (REMARK 107)			
	109" SCALE (REMARK 108)		SHEET 9 OF 5	
	110" SCALE (REMARK 109)			
	111" SCALE (REMARK 110)		SHEET 9 OF 5	
	112" SCALE (REMARK 111)			
	113" SCALE (REMARK 112)		SHEET 9 OF 5	
	114" SCALE (REMARK 113)			
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	116" SCALE (REMARK 115)			
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	348" SCALE (REMARK 347)			
	349"			





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

\*\*\*OUTSTANDING PO REPRINT\*\*\*

Purchase Order ID PO23903

Purchase Order Date 4/23/2014

PO Print Date 5/13/2014

Page Number 2 of 4

Order From : VC-ATG001

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

Ship To : DART AEROSPACE LTD

1270  
ABERD  
EEN  
HAWKE  
SBURY,  
ON  
K6A  
1K7  
CANAD  
A

Contact Name

Vendor Phone 613-446-4544

Vendor Fax 613-446-4556

Ship To Contact

Ship To Phone

Buyer

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency CAD

FOB FCA - (Free Carrier)

Ship Method VENDOR'S TRUCK

Ship Acct

Line Nbr	Item ID Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Extended Price
5	112233	646.3714 GUSSET	5/6/2014 Yes 5/13/2014	14.00	\$220.50
FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N					
Line Total:					\$220.50
6	112459	647.0113 STRUT DOUBLER	5/6/2014 Yes 5/13/2014	12.00	\$141.00
FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N					
Line Total:					\$141.00

5/13/2014



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 63033

Date: 10-May-14

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST  26 PCS 647.2511 (MINIMUM RUN (LOT 90.00\$) PASSIVATE PER QQ-P-35  8 PCS 646.3719 (6.25) 14 PCS 646.3714 (15.75) 12 PCS 647.0413 (11.75) 14 PCS 647.0111 (39.25) 10 PCS 647.0110 (43.00)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N  PRICE IS PER PIECE Job: 20140283	PO: 23903 Line:	
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>10/5/14</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			

